

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: DME Providers
Pharmacists
Managed Care Plans

Memorandum No: 05-42 MAA
Issued: July 1, 2005

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

For Information Call:
(800) 562-6188

Subject: Enteral Nutrition: Product List Changes, Delay of Implementation Date, and Correction to Billing Instructions

Effective for dates of service on and after July 1, 2005, the Medical Assistance Administration (MAA) is adopting new names for certain products listed in the Product List of the *Enteral Nutrition Billing Instructions*. MAA is also making a correction to the HCFA-1500 claim form instructions. These changes are listed in this memorandum.

Product List Updates

Nestle™ has changed some of the names of its products. See the table below for details. **Effective for dates of service on and after July 1, 2005**, MAA has updated the Product List in the current *Enteral Nutrition Billing Instructions* to reflect these name changes.

| Old Product Name | New Product Name |
|----------------------------------|---|
| NuBasics (with or without fiber) | Carnation Instant Breakfast Lactose Free |
| NuBasics 2.0 | Carnation Instant Breakfast Junior |
| NuBasics Bar | Carnation Instant Breakfast Lactose Free Plus |
| NuBasics Fruit Beverage | Carnation Instant Breakfast Lactose Free VHC |
| NuBasics Plus | NutriHeal |
| NuBasics VHP | Additions |

Delay of Implementation Date

MAA is moving the implementation date of the new *Enteral Nutrition Billing Instructions* from July 1 to October 1 to give providers more time to become familiar with the changes. **Effective for dates of service on and after July 1, 2005**, you may use the expedited prior authorization (EPA) codes found in the October 2005 *Enteral Nutrition Billing Instructions* for clients who meet the criteria.

Corrections to the Billing Instructions – Page Replacements

Effective for dates of service on and after July 1, 2005, MAA is correcting a minor error in the HCFA-1500 claim form instructions on page M.3 of the *Enteral Nutrition Billing Instructions*. The instructions incorrectly stated that providers needed to enter the MAA 7-digit certified dietitian provider number in field 17a for clients 17 years of age or younger. This text has been removed from page M.3.

Diagnosis Reminder

MAA requires valid and complete ICD-9-CM diagnosis codes. When billing MAA, use the highest level of specificity (4th or 5th digits when applicable).

Billing Instructions Replacement Pages

Attached are replacement pages H.1-H.8, M.3-M.4, and the front and inside cover for MAA's current *Enteral Nutrition Billing Instructions*.

MAA's Provider Issuances

To view and download MAA's numbered memoranda and billing instructions electronically, visit MAA's website at <http://maa.dshs.wa.gov> (select the *Billing Instructions/Numbered Memoranda* link).

To request a free paper copy from the Department of Printing:

1. **Go to:** <http://www.prt.wa.gov/> (Orders filled daily.)
 - a) Click **General Store**.
 - b) If a **Security Alert** screen is displayed, click **OK**.
 - i. Select either **I'm New** or **Been Here**.
 - ii. If new, fill out the registration and click **Register**.
 - iii. If returning, type your email and password and then click **Login**.
 - c) At the **Store Lobby** screen, click **Shop by Agency**. Select **Department of Social and Health Services** and then select **Medical Assistance**.
 - d) Select **Billing Instructions, Forms, Healthy Options, Numbered Memo, Publications, or Issuance Correction**. You will then need to select a year and the select the item by number and title.
2. **Fax/Call:** Dept. of Printing/Attn: Fulfillment at FAX (360) 586-6361/ telephone (360) 586-6360. (Orders may take up to 2 weeks to fill.)

Medical Assistance Administration



Enteral Nutrition

Billing Instructions

Chapter 388-554 WAC

**New Implementation date
October 1, 2005**

About this publication

This publication supersedes any other versions of MAA's *Medical Nutrition Billing Instructions and Numbered Memoranda 00-64 MAA, 03-49 MAA, 03-68 MAA, 04-14 MAA, and 04-54 MAA*.

Related programs have their own billing instructions. Services and/or equipment related to any of the programs listed below must be billed using their respective billing instructions:

- Home Health Services
- Hospice Agency Services
- Medical Nutrition Therapy
- Prescription Drug Program

Published by the Medical Assistance Administration
Washington State Department of Social and Health Services

Implemented: October 2005

Where do I get copies of other billing instructions?

To obtain MAA's provider numbered memoranda and billing instructions, go to MAA's website at <http://maa.dshs.wa.gov> (click on the *Billing Instructions/Numbered Memoranda* or *Provider Publications/Fee Schedules* link).

To request a free paper copy from the Department of Printing:

2. **Go to:** <http://www.prt.wa.gov/> (Orders filled daily.)
 - c) Click *General Store*.
 - d) If a **Security Alert** screen is displayed, click **OK**.
 - iv. Select either *I'm New* or *Been Here*.
 - v. If new, fill out the registration and click *Register*.
 - vi. If returning, type your email and password and then click *Login*.
 - e) At the **Store Lobby** screen, click *Shop by Agency*. Select *Department of Social and Health Services* and then select *Medical Assistance*.
 - f) Select *Billing Instructions, Forms, Healthy Options, Numbered Memo, Publications, or Issuance Correction*. You will then need to select a year and the select the item by number and title.
2. **Fax/Call:** Dept. of Printing/Attn: Fulfillment at FAX (360) 586-6361/ telephone (360) 586-6360. (Orders may take up to 2 weeks to fill.)

Product List

Providers must use the applicable HCPCS codes for all enteral nutritional claims. **Please note: The appropriate modifier must be used (see page G.1). MAA periodically makes changes to the product list. Visit MAA's web site regularly to view updates.**

| Product Name | HCPCS Code | One Unit = | Maximum Allowable |
|--|--------------|----------------|-------------------|
| Billing must be limited to a 1-month supply. Units must be rounded to the nearest whole number. MAA does not reimburse for puddings and shakes. | | | |
| Additions Updated | B4155 | 100 cal | \$0.89 |
| Advera | B4154 | 100 cal | \$1.60 |
| Alimentum Protein Hydrolysate Formula with Iron | B4161 | 100 cal | \$2.97 |
| AlitraQ | B4153 | 100 cal | \$2.97 |
| Amino-Aid | B4154 | 100 cal | \$1.60 |
| Boost (with or without fiber) | B4150 | 100 cal | \$0.92 |
| Boost HP | B4150 | 100 cal | \$0.92 |
| Boost Plus | B4152 | 100 cal | \$0.62 |
| Calcilco XD Pwd | B4162 | 100 cal | \$1.60 |
| Carnation Alsoy | B4150 | 100 cal | \$0.92 |
| Carnation Follow-up | B4150 | 100 cal | \$0.92 |
| Carnation Good Start | B4150 | 100 cal | \$0.92 |
| Carnation Instant Breakfast Junior | B4152 | 100 cal | \$0.62 |
| Carnation Instant Breakfast Lactose Free | B4150 | 100 cal | \$0.92 |
| Carnation Instant Breakfast Lactose Free Plus | B4152 | 100 cal | \$0.62 |
| Carnation Instant Breakfast Lactose Free VHC | B4152 | 100 cal | \$0.62 |
| Casec | B4155 | 100 cal | \$0.89 |
| Choice DM | B4154 | 100 cal | \$1.60 |
| Choice DM Bar (EPA required; use # 870000868. See page F.6.) | B9998 | 1 bar | \$0.72 |
| Compleat Modified | B4149 | 100 cal | \$0.94 |
| Compleat Pediatric | B4149 | 100 cal | \$0.94 |
| Comply | B4152 | 100 cal | \$0.62 |
| Criticare HN | B4153 | 100 cal | \$2.97 |
| Crucial | B4153 | 100 cal | \$2.97 |
| Cyclinex 1 | B4162 | 100 cal | \$1.60 |

Enteral Nutrition

| Product Name | HCPCS Code | One Unit = | Maximum Allowable |
|--|------------|------------|-------------------|
| Billing must be limited to a 1-month supply. Units must be rounded to the nearest whole number. MAA does not reimburse for puddings and shakes. | | | |
| Cyclinex 2 | B4162 | 100 cal | \$1.60 |
| Deliver 2.0 | B4152 | 100 cal | \$0.62 |
| Diabetisource | B4154 | 100 cal | \$1.60 |
| Diabetisource AC | B4154 | 100 cal | \$1.60 |
| Duocal | B4155 | 100 cal | \$0.89 |
| Elecare | B4161 | 100 cal | \$2.97 |
| Enfacare | B4160 | 100 cal | \$0.62 |
| Enfamil | B4158 | 100 cal | \$0.92 |
| Enfamil 22 | B4150 | 100 cal | \$0.92 |
| Enfamil AR | B4158 | 100 cal | \$0.92 |
| Enfamil LactoFree | B4158 | 100 cal | \$0.92 |
| Enfamil Next Step | B4158 | 100 cal | \$0.92 |
| Ensure (with or without fiber) | B4150 | 100 cal | \$0.92 |
| Ensure Bar (EPA required; use # 870000868. See page F.6.)) | B9998 | 1 bar | \$0.72 |
| Ensure High Protein | B4150 | 100 cal | \$0.92 |
| Ensure Plus | B4152 | 100 cal | \$0.62 |
| Ensure Plus HN | B4152 | 100 cal | \$0.62 |
| FAA (Free Amino Acid Diet) | B4153 | 100 cal | \$2.97 |
| FiberSource | B4150 | 100 cal | \$0.92 |
| FiberSource HN | B4150 | 100 cal | \$0.92 |
| GA 1 and 2 | B4153 | 100 cal | \$2.97 |
| Generic/Store Brand Formula | B4150 | 100 cal | \$0.92 |
| <i>Note: Providers may bill for generic or store brand products only when the content of the product is the same as Ensure, Boost, or NuBasics.</i> | | | |
| Glucerna | B4154 | 100 cal | \$1.60 |
| Glucerna Bar (EPA required; use # 870000868. See page F.6.)) | B9998 | 1 bar | \$0.72 |
| Glucerna Shake | B4154 | 100 cal | \$1.60 |
| Glutarex 1 | B4162 | 100 cal | \$1.60 |
| Glutarex 2 | B4162 | 100 cal | \$1.60 |
| Glutasorb | B4153 | 100 cal | \$2.97 |

| Product Name | HCPCS Code | One Unit = | Maximum Allowable |
|--|------------|------------|-------------------|
| Billing must be limited to a 1-month supply. Units must be rounded to the nearest whole number. MAA does not reimburse for puddings and shakes. | | | |
| Glytrol | B4158 | 100 cal | \$0.92 |
| HCY 1 and 2 | B4162 | 100 cal | \$1.60 |
| Hepatic-Aid | B4154 | 100 cal | \$1.60 |
| Hominex 1 | B4162 | 100 cal | \$1.60 |
| Hominex 2 | B4162 | 100 cal | \$1.60 |
| Immun-Aid | B4154 | 100 cal | \$1.60 |
| Immunocal | B4155 | 100 cal | \$0.89 |
| Impact 1.5 | B4154 | 100 cal | \$1.60 |
| Impact (with or without fiber) | B4154 | 100 cal | \$1.60 |
| Impact Glutamine | B4153 | 100 cal | \$2.97 |
| Impact Recover | B4154 | 100 cal | \$1.60 |
| Isocal | B4150 | 100 cal | \$0.92 |
| Isocal HN | B4150 | 100 cal | \$0.92 |
| Isocal HN Plus | B4150 | 100 cal | \$0.92 |
| Isomil | B4159 | 100 cal | \$0.92 |
| Isomil DF | B4150 | 100 cal | \$0.92 |
| Isosource 1.5 | B4152 | 100 cal | \$0.62 |
| Isosource | B4150 | 100 cal | \$0.92 |
| Isosource HN | B4150 | 100 cal | \$0.92 |
| Isosource VHN | B4154 | 100 cal | \$1.60 |
| Isotein HN | B4153 | 100 cal | \$2.97 |
| Jevity | B4150 | 100 cal | \$0.92 |
| Jevity Plus | B4150 | 100 cal | \$0.92 |
| Juven (with arginine, glutamine and HMB) | B4155 | 100 cal | \$0.89 |
| KetoCal | B4154 | 100 cal | \$1.60 |
| Ketonex 1 | B4162 | 100 cal | \$1.60 |
| Ketonex 2 | B4162 | 100 cal | \$1.60 |
| Kindercal | B4158 | 100 cal | \$0.92 |
| Kindercal TF w/fiber | B4150 | 100 cal | \$0.92 |
| Lipisorb Liquid | B4154 | 100 cal | \$1.60 |
| L-Emental | B4153 | 100 cal | \$2.97 |
| L-Emental Hepatic | B4154 | 100 cal | \$1.60 |
| Magnacal Renal | B4154 | 100 cal | \$1.60 |

| Product Name | HCPCS Code | One Unit = | Maximum Allowable |
|--|--------------|----------------|-------------------|
| Billing must be limited to a 1-month supply. Units must be rounded to the nearest whole number. MAA does not reimburse for puddings and shakes. | | | |
| MCT Oil | B4155 | 100 cal | \$0.89 |
| Microlipids | B4155 | 100 cal | \$0.89 |
| Modulen IBD | B4154 | 100 cal | \$1.60 |
| MSUD Diet Powder | B4162 | 100 cal | \$1.60 |
| Neocate | B4161 | 100 cal | \$2.97 |
| Neocate One Plus | B4161 | 100 cal | \$2.97 |
| NeoSure | B4160 | 100 cal | \$0.62 |
| Nepro | B4154 | 100 cal | \$1.60 |
| Novasource 2.0 | B4152 | 100 cal | \$0.62 |
| Novasource Renal | B4154 | 100 cal | \$1.60 |
| Novasource Pulmonary | B4154 | 100 cal | \$1.60 |
| Nutramigen | B4161 | 100 cal | \$2.97 |
| Nutren 1.0 (with or without fiber) | B4150 | 100 cal | \$0.92 |
| Nutren 1.5 | B4152 | 100 cal | \$0.62 |
| Nutren 2.0 | B4152 | 100 cal | \$0.62 |
| Nutren Junior (with or without fiber) | B4158 | 100 cal | \$0.92 |
| NutriHeal Updated | B4150 | 100 cal | \$0.92 |
| Nutrihep | B4154 | 100 cal | \$1.60 |
| Nutrirenal | B4154 | 100 cal | \$1.60 |
| Nutrivent | B4154 | 100 cal | \$1.60 |
| Optimental | B4153 | 100 cal | \$2.97 |
| OS 1 and 2 | B4154 | 100 cal | \$1.60 |
| Osmolite | B4150 | 100 cal | \$0.92 |
| Osmolite HN | B4150 | 100 cal | \$0.92 |
| Osmolite HN Plus | B4150 | 100 cal | \$0.92 |
| Pediasure (with or without fiber) | B4158 | 100 cal | \$0.92 |
| Pediatric Peptinex DT (with or without fiber) | B4161 | 100 cal | \$2.97 |
| Peptamen | B4153 | 100 cal | \$2.97 |
| Peptamen 1.5 | B4153 | 100 cal | \$2.97 |
| Peptamen with Prebio 1 | B4161 | 100 cal | \$2.97 |
| Peptamen Junior | B4161 | 100 cal | \$2.97 |
| Peptamen VHP | B4153 | 100 cal | \$2.97 |
| Peptinex DT | B4161 | 100 cal | \$2.97 |

| Product Name | HCPCS Code | One Unit = | Maximum Allowable |
|--|------------|------------|-------------------|
| Billing must be limited to a 1-month supply. Units must be rounded to the nearest whole number. MAA does not reimburse for puddings and shakes. | | | |
| Perative | B4153 | 100 cal | \$2.97 |
| PFD2 | B4155 | 100 cal | \$0.89 |
| Phenex 1 | B4162 | 100 cal | \$1.60 |
| Phenex 2 | B4162 | 100 cal | \$1.60 |
| PhenylAde Amino Acid Blend | B4155 | 100 cal | \$0.89 |
| PhenylAde MTE | B4155 | 100 cal | \$0.89 |
| Phenyl-Free | B4162 | 100 cal | \$1.60 |
| Phenyl-Free 2 | B4162 | 100 cal | \$1.60 |
| Phenyl-Free HP2 | B4162 | 100 cal | \$1.60 |
| Polycose Liquid | B4155 | 100 cal | \$0.89 |
| Polycose Powder | B4155 | 100 cal | \$0.89 |
| Portagen | B4158 | 100 cal | \$0.92 |
| Pregestimil | B4161 | 100 cal | \$2.97 |
| Probalance | B4150 | 100 cal | \$0.92 |
| Pro-Cel | B4155 | 100 cal | \$0.89 |
| Promod | B4155 | 100 cal | \$0.89 |
| Promote (with or without fiber) | B4150 | 100 cal | \$0.92 |
| Pro-Peptide | B4153 | 100 cal | \$2.97 |
| Pro-Peptide VHN | B4153 | 100 cal | \$2.97 |
| Pro-Peptide for Kids | B4161 | 100 cal | \$2.97 |
| ProPhree | B4155 | 100 cal | \$0.89 |
| Propimex 1 | B4162 | 100 cal | \$1.60 |
| Propimex 2 | B4162 | 100 cal | \$1.60 |
| ProSobee | B4159 | 100 cal | \$0.92 |
| ProSure | B4150 | 100 cal | \$0.92 |
| Protein Eight Bar (EPA required; use # 870000868. See page F.6.) | B9998 | 1 bar | \$0.72 |
| ProViMin | B4155 | 100 cal | \$0.89 |
| Pulmocare | B4154 | 100 cal | \$1.60 |
| RCF | B4155 | 100 cal | \$0.89 |
| Reabilan | B4154 | 100 cal | \$1.60 |
| Reabilan HN | B4153 | 100 cal | \$2.97 |

| Product Name | HCPCS Code | One Unit = | Maximum Allowable |
|--|------------|------------|-----------------------|
| Billing must be limited to a 1-month supply. Units must be rounded to the nearest whole number. MAA does not reimburse for puddings and shakes. | | | |
| Regain Bar (EPA required; use # 870000868. See page F.6.) | B9998 | 1 bar | \$0.72 |
| Renal Cal | B4154 | 100 cal | \$1.60 |
| Replete (with or without fiber) | B4150 | 100 cal | \$0.92 |
| Resource | B4150 | 100 cal | \$0.92 |
| Resource Arginaid | B4155 | 100 cal | \$0.89 |
| Resource Bar (EPA required; use # 870000868. See page F.6.) | B9998 | 1 bar | \$0.72 |
| Resource Benecalorie | B4154 | 100 cal | \$1.60 |
| Resource Beneprotein | B4155 | 100 cal | \$0.89 |
| Resource Diabetic | B4154 | 100 cal | \$1.60 |
| Resource GlutaSolve | B4155 | 100 cal | \$0.89 |
| Resource Just for Kids | B4160 | 100 cal | \$0.62 |
| Resource Plus | B4152 | 100 cal | \$0.62 |
| Resource ThickenUp | B4100 | 1 pwd oz | \$0.56 |
| Respalor | B4154 | 100 cal | \$1.60 |
| SandoSource Peptide | B4154 | 100 cal | \$1.60 |
| Similac | B4150 | 100 cal | \$0.92 |
| Similac HMF (PA Required) | B9998 | 1 packet | Submit Invoice |
| Similac PM 60/40 | B4154 | 100 cal | \$1.60 |
| SimplyThick (PA Required) | B9998 | 1 oz | Submit Invoice |
| Subdue | B4153 | 100 cal | \$2.97 |
| Suplena | B4154 | 100 cal | \$1.60 |
| Thick & Easy | B4100 | 1 pwd oz | \$0.56 |
| Thick-It | B4100 | 1 pwd oz | \$0.56 |
| Tolorex | B4153 | 100 cal | \$2.97 |
| TraumaCal | B4154 | 100 cal | \$1.60 |
| TwoCal HN | B4152 | 100 cal | \$0.62 |
| Tyrex 2 | B4162 | 100 cal | \$1.60 |
| Tyros 2 | B4162 | 100 cal | \$1.60 |
| UCD 1 and 2 | B4154 | 100 cal | \$1.60 |

| Product Name | HCPCS Code | One Unit = | Maximum Allowable |
|--|------------|------------|-------------------|
| Billing must be limited to a 1-month supply. Units must be rounded to the nearest whole number. MAA does not reimburse for puddings and shakes. | | | |
| Ultracal | B4150 | 100 cal | \$0.92 |
| Ultracal HN Plus | B4150 | 100 cal | \$0.92 |
| Upcal D | B4155 | 100 cal | \$0.89 |
| Vital HN | B4153 | 100 cal | \$2.97 |
| Vivonex Pediatric | B4161 | 100 cal | \$2.97 |
| Vivonex Plus | B4153 | 100 cal | \$2.97 |
| Vivonex TEN | B4153 | 100 cal | \$2.97 |

Fiber/Electrolyte Hydration Products

Fiber and electrolyte hydration products are covered on a limited basis through MAA's Prescription Drug Program. Refer to MAA's current *Prescription Drug Program Billing Instructions*.

This page intentionally left blank.

- 9c.** Enter the other insured's employer's name or school name.
- 9d.** Enter the insurance plan name or the program name (e.g., the insured's health maintenance organization, private supplementary insurance).

Please note: DSHS, Welfare, Provider Services, Healthy Kids, First Steps, and Medicare, etc., are *inappropriate* entries for this field.

- 10.** ***Is Patient's Condition Related to:*** Required. Check *yes* or *no* to indicate whether employment, auto accident or other accident involvement applies to one or more of the services described in *field 24*. Indicate the name of the coverage source in *field 10d* (L&I, name of insurance company, etc.).
- 11.** ***Insured's Policy Group or FECA (Federal Employees Compensation Act) Number:*** Primary insurance. When applicable. This information applies to the insured person listed in *field 4*. Enter the insured's policy and/or group number and his/her social security number. The data in this field will indicate that the client has other insurance coverage and MAA pays as payor of last resort.
- 11a.** ***Insured's Date of Birth:*** Primary insurance. When applicable, enter the insured's birthdate, if different from *field 3*.
- 11b.** ***Employer's Name or School Name:*** Primary insurance. When applicable, enter the insured's employer's name or school name.

- 11c.** ***Insurance Plan Name or Program Name:*** Primary insurance. When applicable, show the insurance plan or program name to identify the primary insurance involved. (*Note: This may or may not be associated with a group plan.*)
- 11d.** ***Is There Another Health Benefit Plan?:*** Required if the client has secondary insurance. Indicate *yes* or *no*. If *yes*, you should have completed *fields 9a.-d*. If the client has insurance, and even if you know the insurance will not cover the service you are billing, you must check *yes*. If **11d.** is left blank, the claim could be processed and denied in error.
- 17.** ***Name of Referring Physician or Other Source:*** When applicable, enter the referring physician or Primary Care Case Manager name. This field *must* be completed for consultations, or for referred laboratory or radiology services (or any other services indicated in your billing instructions as requiring a referral source).
- 17a.** ***I.D. Number of Referring Physician:*** Required.
- 19.** ***Reserved For Local Use:*** When applicable, enter indicator **B** to indicate *Baby on Parent's PIC*. (Please specify twin A or B, triplet A, B, or C here.) **If you have more than one EPA number to bill, place both numbers here.**
- 21.** ***Diagnosis or Nature of Illness or Injury:*** When applicable, enter the appropriate diagnosis code(s) in areas 1, 2, 3, and 4.

22. Medicaid Resubmission: When applicable. If this billing is being submitted beyond the 365-day billing time limit, enter the ICN that verifies that your claim was originally submitted within the time limit. (The ICN number is the *claim number* listed on the Remittance and Status Report.)

24. Enter only one (1) procedure code per detail line (fields 24A - 24K). If you need to bill more than six (6) lines per claim, please use an additional HCFA-1500 claim form.

24A. Date(s) of Service: Required. Enter the "from" and "to" dates using all six digits for each date. Enter the month, day, and year of service numerically (e.g., May 4, 2005 = 050405).

24B. Place of Service: Required. These are the only appropriate code(s) for Washington State Medicaid:

| <u>Code Number</u> | <u>To Be Used For</u> |
|--------------------|--------------------------|
| 12 | Client's residence |
| 13 | Assisted living facility |
| 14 | Group home |
| 31 | Skilled nursing facility |
| 32 | Nursing facility |

24C. Type of Service: Not Required.

24D. Procedures, Services or Supplies CPT/HCPCS: Required. Enter the appropriate HCFA Common Procedure Coding System (HCPCS) procedure code for the services being billed. **MODIFIER:** When appropriate enter a modifier.

24E. Diagnosis Code: Required. Enter the ICD-9-CM diagnosis code related to the procedure or service being billed (for each item listed in 24D). A diagnosis code is required for each service or line billed. Enter the code exactly as shown in ICD-9-CM.

24F. \$ Charges: Required. Enter your usual and customary charge for the service performed. If more than one unit is being billed, the charge shown must be for the total of the units billed. Do not include dollar signs or decimals in this field. Do not add sales tax. Sales tax is automatically calculated by the system and included with your remittance amount.

24G. Days or Units: Required. For multiple quantities of supplies, enter the number of items dispensed and all of the dates or dates spanned that the supplies were used. Unless the procedure code description specifically indicates pack, cans, bottles, or other quantity, the "each" is each single item.

25. Federal Tax I.D. Number: Leave this field blank.